

# DDRS

## Quarterly Provider Meeting



July 2011

# DDRS Announcements

## Staffing:

- Tess Arnold and Karen Noles - Personal Allocation Review Specialist
- Beth Goodrich - Director of Provider Relations.
- Satrina McDonald - Director of Program Evaluation & Efficiency
- Ranita Norman has transferred to the position of DDRS Director of Quality and Training Initiatives.
- Shelly Thomas – Assistant BQIS Director
- Greg Mcaloon has accepted the role as Director of Contract Management for FSSA. Nancy Zemaitis and Teresa Koleszar are jointly serving as Acting Director for BRS.

## DDRS Website Additions:

- DDRS has added a Frequently Asked Questions page and a Statistics page to the DDRS Web site. Both pages will be updated as new information is collected.

<http://www.in.gov/fssa/ddrs/3347.htm>;

<http://www.in.gov/fssa/ddrs/4245.htm>



# DDRS Policy Updates

The following policies were posted to the DDRS Draft Policies for Public Comment:

- Waiting List for Waiver Services
- Eligibility Determination
- Maintenance of Records of Services Provided
- Placement Authority
- Sanctioning Committee
- Environmental Requirements
- Day Service Accreditation



# Provider Enrollment & Re-Approval

- The process for provider re- approvals are being scheduled for on or about October 1, 2011 and will be based on the BQIS CERT, Complaints and Incident Reports. A systematic process will be posted on the BQIS web page.
- Providers wishing to add services and/or counties must not have any open Correction Action Plans with BQIS.



# Provider Counties Served

- If a provider was not serving any individuals in a county they were approved for, the county was removed from INsite.
- Counties can be added in the future if a provider has an identified individual in a county.
- Approved providers with their services and counties will be available on the DDRS website.

# Changes to Medicaid State Plan

Effective January 1, 2011, Indiana Medicaid lifted the requirement for Prior Authorization (PA) of State Plan therapy services.

However, per INDIANA HEALTH COVERAGE PROGRAMS Bulletin BT201126 of MAY 24, 2011, the PA requirement has been restored. Effective June 30, 2011, it is once again necessary to request Prior Authorization through the Indiana Medicaid State Plan prior to the utilization of Extended State Plan therapy services under the waiver program.

An appropriate PA denial is once again required for each of the following waiver services:

- Occupational
- Physical
- Psychological
- Speech/Language



# Bureau of Quality Improvement Services

# Compliance Evaluation and Review Tool (CERT)

BQIS CERT to capture provider compliance in the four focus areas of IAC 460, article 6 and the DD waiver application.

- The provider meets qualifications for waiver services being delivered;
- The provider has policies and procedures to ensure the rights of individuals, to direct appropriate services, and to support and manage employees;
- The provider maintains employee information confirming key health, welfare and training issues; and
- Quality assurance and quality improvement.

Liberty of Indiana surveyors evaluate compliance within the focus areas by reviewing provider documentation guided by the 173 probes. A copy of the CERT Guide, including a list of Indicators and Probes and a summary of results and recommendations from reviews to date can be found on the BQIS Web page.

<http://www.in.gov/fssa/ddrs/2635.htm>





# CPR Training Curriculum

The DDRS Personnel Records Policy requires that CPR certification and recertification be obtained from:

- American Heart Association
- American Red Cross
- Emergency Care and Safety Institute
- National Safety Council
- DDRS approved training entity; currently, only these four are approved

Important components in approved training programs are that participants have an opportunity to demonstrate ability to perform CPR and that training instructors are certified by a nationally recognized training entity.



# Bureau of Developmental Disability Services

# SGL Vacancies and Referrals

Procedure for filling all SGL vacancies.

1. Once “BDDS SGL Procedure: Submitting SGL LOC Requests” has been followed, the client packet shall be managed by the BDDS SGL Coordinator
2. SGL Providers will notify BDDS SGL Coordinator of vacancies
3. BDDS SGL Coordinator will provide packet(s) to provider as determined to fit the mix of that home. Provider may be asked to provide information regarding the mix of the house to assist in the packet selection process.
4. Provider may choose client(s) from the packets provided by the BDDS SGL Coordinator or request more packets. If more packets are requested, Provider may be asked to provide BDDS SGL Coordinator with reasoning why initial packets are not appropriate for their vacancies to help SGL Coordinator more appropriate packets in future.
5. Packets will be managed by the BDDS SGL Coordinator and will not be kept or by the Provider in excess of 30 days. Once the Provider determines a client to be inappropriate for their vacancy they must notify BDDS SGL Coordinator, that client is no longer available to that Provider and the packet is to be immediately discarded per HIPAA compliance policies for proper disposal of sensitive documents
6. BDDS SGL Coordinator will continue to seek appropriate placement for any client that is not currently placed until such placement is made
7. **ALL** placements must have RAF approval signed by BDDS Central Office prior to move

# SGL Referral Statistics

Since 4/1/2011:

- 90 Individuals have been referred for SGL placement
- 20 Individuals have been successfully placed
- 40 Individuals have not been able to find a provider to accept them.
- 23 Individuals are in the process of visiting SGL homes.
- Reminder: vacancy reports are due to Celia Bartel each month. You may also request referrals via email at anytime.



# Objective Based Allocations (OBA)

From January through June 2011; 4,001 individuals have gone through the OBA process.

- 1,745 (44%) have had their budgets increased
- 2,196 (55%) have had their budgets decreased
- 60 (1%) individuals have had their budgets remain the same

# Employment I<sup>st</sup> Demonstration Site Projects

- Demonstration sites continue to work on ways to bring greater attention to employment opportunities for individuals with developmental disabilities.
- Bloomington, South Bend, Marion, and Kokomo have developed written proposals and are working with DDRS on implementation and timelines.
- Each area involves various stakeholders working together toward the goal of integrated employment.
- BDDS & VR have developed a referral mechanism to educate and attract potential VR participants

# RHS Service Definition Reminders

- Indiana's Application for 1915(c) HCBS Waiver: IN.0378.R02.01 - Oct 01, 2010 (as of Oct 01, 2010)  
Appendix C: Participant ServicesC-1/C-3: Service Specification

Reimbursement is not available through RHS in the following circumstances:

- Services **furnished to a minor by the parent(s), step-parent(s), or legal guardian**
- Services furnished to a participant by the **participant's spouse**
- Services to individuals in **Adult Foster Care** or Children's Foster Care
- Services that are available under the **Medicaid State Plan**
- Services furnished to an adult participant by a parent, step-parent and/or guardian, **may not exceed 40 hours per week total**. The total includes the summation of any residential habilitation services that are rendered in any combination by parents, step-parents and/or guardians.

Additionally:

- Providers **may not bill for RHS reimbursement for time when staff/paid caregiver is asleep**. Only awake, engaged staff can be counted in reimbursement. (A team may decide that a staff or contractor may sleep while with a participant, but this activity is not billable.)
- Providers may not bill for RHS reimbursement during the time when a participant is admitted to a hospital. (The care and support of a participant who is admitted to a hospital is a non-billable RHS activity.)
- RHS and Electronic Monitoring services are not billable during the same time period.
- Intermittent use of RHS may not exceed thirty-five (35) hours of service per week
- RHS may not be used in conjunction with Transportation Services when more than 35 hours of RHS are utilized per week.



# Bureau of Rehabilitative Services



# VR State Plan

- All of the submitted comments for the VR State Plan have been reviewed and the draft plan revised. The State Plan was submitted to our federal partner, the Rehabilitation Services Administration by June 30, 2011.
- Once approved, the plan will become effective October 1, 2011.

<http://www.in.gov/fssa/ddrs/3920.htm>



# VR Employment Data

- There have been 409 more people with disabilities who have obtained successful employment outcomes as the result of VR Services since October 1, 2010 as compared to the same time in the previous federal fiscal year.
- There are currently 3,121 people with a successful outcome compared to 2,712 a year ago, which is a 15% increase.